



**King County**  
**Department of Permitting**  
**and Environmental Review**  
 35030 SE Douglas Street, Suite 210  
 Snoqualmie, WA 98065-9266  
**206-296-6600** TTY Relay: 711  
[www.kingcounty.gov](http://www.kingcounty.gov)

Web date: 02/27/2013

**UNINCORPORATED KING COUNTY**  
**License Application**  
**Novelty Amusement Device**

For alternate formats, call 206-296-6600.

Application for businesses in **unincorporated** King County only

**Novelty Amusement Device Application**

**FEES – Check if New or Renewal**

☐ **New:** Application received by: 1/1 – 3/31 ..... \$100 / device  
 4/1 – 6/30 ..... \$ 75 / device  
 7/1 – 9/30 ..... \$ 50 / device  
 10/1 – 12/31 ..... \$ 25 / device

☐ **Renewal:** Payment received by 1/15 ..... \$100 / device  
 After 1/15 ..... \$110 / device

(Send or bring application and fee to Department of Permitting at the address above.)  
 Make checks payable to King County Office of Finance.)

*Office Use Only*

Payment Rec'd \$ \_\_\_\_\_

☐ check ☐ cash

# Devices \_\_\_\_\_

DBA # \_\_\_\_\_

Receipt # \_\_\_\_\_

Date Paid \_\_\_\_\_

Tag # \_\_\_\_\_

Business name \_\_\_\_\_

Phone \_\_\_\_\_

Business address \_\_\_\_\_  
 Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address \_\_\_\_\_  
 Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Applicant name \_\_\_\_\_

☐ Sole-ownership ☐ Partnership ☐ Corporation Name \_\_\_\_\_

**Please provide name (include middle name) and date of birth for owners, partners or officers:**

1. \_\_\_\_\_  
 Name: First Middle Last Title Date of Birth

2. \_\_\_\_\_  
 Name: First Middle Last Title Date of Birth

3. \_\_\_\_\_  
 Name: First Middle Last Title Date of Birth

**Number of devices to be licensed:** \_\_\_\_\_

**Location of business where devices are to be placed (list multiple locations on back)**

\_\_\_\_\_  
 Name Address City ZIP

**Applicant's signature**

Check out the Department of Permitting Web site at [www.kingcounty.gov/permits](http://www.kingcounty.gov/permits)